ZCD3-CD3

LOUISIANA BOARD OF ETHICS DISCLOSURE STATEMENT PURSUANT TO LSA-R.S. 42:1119B(2)(b)

STATE OF LOUISIANA PARISH OF <u>Ascendion</u>	-	
I, <u>Vince Cataldo</u> , residin (Name)		ve <u>Donaldsonville, I.a.</u> 70346 dress, including City & Zip Code)
do declare that :		
	1.	·
		:
That this disclosure statement is made put on January $1^{\rm st}$, 2002 .	raugut to LSA-R.S, 42:1119	PB(2)(h) for the year beginning
(Year)		£
	2.	: :
That I am a Chief Executive / Be West Ascension Parish (Name) and have served in this capacity since	Hospital Service E	District / Public Trust Authority
That my immediate family member, defined for children, his brothers, his sisters, the spinis spouse, and the parents of his spouse, Public Trust Authority. The facts of such	ouses of his brothers, the sp , is employed by the descri	ouses of his sisters, his parents, bed Hospital Service District /
Name of Immediate Family Mem	nbor: Michael Cataldo	
Relation of Immediate Family M Position: <u>Laboratory Manage</u>		
Date employed (month, day, year Applicable Exception (check all t	r): <u>December 26. 1977</u> that apply):	
one year prior to i		c Trust Authority for more than secutive or a board member or et / Public Trust Authority
	amployment continuously s of Governmental Ethics	ince April 1, 1980, the effective
Hospital Service D 100,000 or less an or registered nurse	d the family member is em	ority has a district population of aployed as a licensed physician
Signature	Chief Executive, Hospital	Board Member or Commissioner

NOTE: These disclosure statements are due by **January 30th of each year** that you have an immediate family member employed by the hospital service district or hospital public trust authority. This is so even if you filed one last year or at any other time during the year and the information you disclosed has not changed.

If a hospital service district or public trust authority board member or if a chief executive does not have any immediate family members employed by the hospital, then ho is not required to file a disclosure statement.

Failure to timely submit a required disclosure statement will result in the imposition of an automatic late fee of \$50.00 per day, with a maximum penalty of \$1,500. IT IS THE RESPONSIBILITY OF EACH HOSPITAL SERVICE DISTRICT OR HOSPITAL PUBLIC TRUST AUTHORITY BOARD MEMBER OR CHIEF EXECUTIVE WHO HAS AN IMMEDIATE FAMILY MEMBER EMPLOYED TO SEE THAT THESE STATEMENTS ARE TIMELY FILED.

ALIVE SALE